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Bib Data Sheet

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| SERIAL NUMBER 09/710,903 | FILING DATE 11/14/2000 RULE - | CLASS 600 | GROUP ART UNIT 3736 | ATTORNEY DOCKET NO. P00,1737 |
| APPLICANTS Alto Stemmer, Erlangen, GERMANY; Rainer Kaim, Obermichelbach, GERMANY; Thomas Kluge, Bamberg, GERMANY; | | | | |
| ** CONTINUING DATA ***** | | | | |
| ** FOREIGN APPLICATIONS ***** | | | | |
| IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 02/01/2001 | | | | |
| Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Verified and Acknowledged <input type="checkbox"/> Allowance | | STATE OR COUNTRY GERMANY | SHEETS DRAWING 6 | TOTAL CLAIMS 3 |
| Examiner's Signature <i>[Signature]</i> Initials <i>PK</i> | | INDEPENDENT CLAIMS 1 | | |
| ADDRESS 26574 | | | | |
| TITLE Method for altering a protocol in a magnetic resonance apparatus | | | | |
| FILING FEE RECEIVED 710 | FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following: | | <input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit | |



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CONFIRMATION NO. 6144

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|---|---|------------------------------------|--|------------------------------------|--------------------------------|
| SERIAL NUMBER 09/710,903 | FILING DATE 11/14/2000 RULE | CLASS 345 | GROUP ART UNIT 2174 | ATTORNEY DOCKET NO. P00,1737 | |
| APPLICANTS Alto Stemmer, Erlangen, GERMANY; Rainer Kaim, Obermichelbach, GERMANY; Thomas Kluge, Bamberg, GERMANY; ** CONTINUING DATA ***** ** FOREIGN APPLICATIONS ***** IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 02/01/2001 | | | | | |
| Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Allowance Verified and Acknowledged _____ Examiner's Signature Initials | | STATE OR COUNTRY GERMANY | SHEETS DRAWING 6 | TOTAL CLAIMS 3 | INDEPENDENT CLAIMS 1 |
| ADDRESS 26574 SCHIFF HARDIN, LLP PATENT DEPARTMENT 6600 SEARS TOWER CHICAGO , IL 60606-6473 | | | | | |
| TITLE Method for altering a protocol in a magnetic resonance apparatus | | | | | |
| FILING FEE RECEIVED 710 | FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following: | | <input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) | | |